

**FISCAL YEAR 2003-04
SHORT-DOYLE/MEDI-CAL
MAXIMUM REIMBURSEMENT RATES**

July 1, 2003 through June 30, 2004

SERVICE FUNCTION	MODE OF SERVICE CODE		SERVICE FUNCTION CODE	TIME BASE	SHORT-DOYLE/MEDI-CAL MAXIMUM ALLOWANCE
	CR/DC Code	SD/MC Claiming Code			
A. 24-HOUR SERVICES	05				
Hospital Inpatient		07, 08, 09	10-18	Client Day	\$873.40
Hospital Administrative Day		07, 08, 09	19	Client Day	7/1/03 - 7/31/03 \$236.38 8/1/03 - 6/30/04 \$236.82
Psychiatric Health Facility (PHF)		05	20-29	Client Day	\$489.49
Adult Crisis Residential		05	40-49	Client Day	\$276.02
Adult Residential		05	65-79	Client Day	\$134.63
B. DAY SERVICES	10	12, 18			
Crisis Stabilization					
Emergency Room			20-24	Client Hour	\$85.68
Urgent Care			25-29	Client Hour	\$85.68
Day Treatment Intensive					
Half Day			81-84	Client 1/2 Day	\$130.63
Full Day			85-89	Client Full Day	\$183.46
Day Rehabilitation					
Half Day			91-94	Client 1/2 Day	\$76.20
Full Day			95-99	Client Full Day	\$118.94
C. OUTPATIENT SERVICES	15	12, 18			
Case Management, Brokerage			01-09	Staff Minute	\$1.83
Mental Health Services			10-19	Staff Minute	\$2.36
			30-57, 59	Staff Minute	\$2.36
Therapeutic Behavioral Services			58	Staff Minute	pending
Medication Support			60-69	Staff Minute	\$4.37
Crisis Intervention			70-79	Staff Minute	\$3.52